WISCONSIN MEDICAID UPDATE

OCTOBER 12, 1995

UPDATE 95-38

TO:
Independent Occupational Therapists
Independent Physical Therapists
Rehabilitation Agencies
Therapy Groups

Modifiers for Physical Therapy (PT) and Occupational Therapy (OT) Procedure Codes - Effective Immediately

Modifiers Added to Distinguish PT and OT Procedure Codes Under New Coding Structure

Effective immediately, occupational therapists, physical therapists, rehabilitation agencies, and therapy groups must add modifiers when billing and requesting prior authorization for *all* PT and OT services.

See *Wisconsin Medicaid Update* 95-25 for more information about the new coding structure.

Use modifiers *only* for services under the new coding structure.

This requirement does *not* apply to other providers, such as physicians, who use the same CPT or HCPCS procedure codes.

Modifiers allow you and Wisconsin Medicaid to distinguish between PT and OT services with identical procedure codes.

Modifiers also allow us to continue monitoring certain Wisconsin Medicaid PT and OT service limitations *separately* under the new coding structure:

- OT or PT therapy beyond 90 minutes per day, per recipient, is not covered without an approved request for additional coverage of medically necessary therapy
- OT or PT therapy beyond the first 35 days per spell of illness, per recipient, per lifetime, is not covered without prior authorization

Use the "OT" or "PT" Modifier

Effective immediately, use the modifiers listed in the chart for PT and OT services under the new coding structure.

Modifiers for OT and PT Services Under the New Coding Structure

Modifier	*Service*
OT	Occupational Therapy
PT	Physical Therapy

How to Request Prior Authorization Using Modifiers

Effective immediately, enter the "OT" or "PT" modifier on the PA/RF, in addition to all other required elements, for PT and OT services under the new coding structure.

When submitting requests for prior authorization:

In element 15 on the PA/RF, enter the "PT" or "OT" modifier appropriate for each procedure code.

Do *not* amend previously submitted PA/RFs only to add the new modifiers. We will add the appropriate "PT or "OT" modifier and return a copy of the amended prior authorization to you.

How to Request a New Spell of Illness Using Modifiers

Effective September 1, 1995, include elements 14-19 on the PA/RF when requesting approval of a new Spell of Illness (SOI) for PT and OT services under the new coding structure. This is in addition to all other required elements on the PA/RF.

When requesting approval of a new Spell of Illness:

- ✓ In element 14 on the PA/RF, enter the procedure code as described in the plan of care.
- ✓ In element 15, enter the "PT" or "OT" modifier appropriate for each procedure code.
- ✓ In element 16, enter the appropriate place of service.
- ✓ In element 17, enter the appropriate type of service.
- ✓ In element 18, enter the appropriate procedure code description.
- ✓ In element 19, enter the number of treatment days requested, per procedure code.

Refer to *Wisconsin Medicaid Update* 95-25 for information about the new coding structure for PT and OT services.

You Must Amend Requests for Spells of Illness for Dates of Service After December 31, 1995

Spells of Illness (SOI) authorized under deleted codes will not be paid for dates of service after December 31, 1995.

You must amend PA/RFs with a Spell of Illness Attachment (SOIA) for dates of service after December 31, 1995. Amend the PA/RF by using the new coding structure and adding PA/RF elements 14 - 19, or complete a prior authorization request under the new coding structure.

Policy Unchanged for Approval of Spells of Illness

A spell of illness (SOI) is still approved for a maximum of 35 treatment days, irrespective of the number of treatment days requested per procedure code.

Remember that treatment days unrelated to the condition under which the SOI was approved may not be billed under that SOI (HSS 107.16 (2) (d), and HSS 107.17 (2) (d), Wis. Admin. Code). Treatment days unrelated to the condition require separate prior authorization. Submit a new PA/RF when the treatment days are unrelated to the condition under which the SOI was approved.

An example of treatment days unrelated to the condition. . .

the recipient's disease is no longer in the acute onset phase for which the SOI was approved.

Under HSS 107.16 (2) (c), and HSS 107.17 (2) (c), Wis. Admin. Code, only the following conditions may justify a SOI designation:

- ✔ acute onset of a new disease, injury, or condition
- ✔ an exacerbation of a pre-existing condition
- ✔ a regression in the recipient's condition indicated by a decrease of functional ability, strength, mobility or motion

How to Bill Using Modifiers

Effective immediately, add modifiers when billing PT and OT services under the new coding structure. (The new coding structure began for dates of service after September 1, 1995.)

When submitting paper claims:

Enter the "PT" or "OT" modifier in element 24D on the HCFA 1500 claim form, or the claim will deny.

When submitting electronic claims:

Enter the "PT" or "OT" modifier immediately after the procedure code in field "M1," or the claim will deny.

For example, an occupational therapist bills procedure code 97119 (Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility). The occupational therapist enters the "OT" modifier in element 24D on the HCFA 1500 claim form.

To ensure that your claim is not denied, complete the claim form using:

- ✔ the *same* prior authorization number that is on the PA/RF
- ✔ the *same* modifier for the same procedure code that is on the PA/RF

Rehabilitation Agencies Must Resubmit All Claims

Rehabilitation agencies *only* must resubmit *all* claims for PT and OT services under the new coding structure with dates of service on and after September 1, 1995. Resubmitted claims must include modifiers.

Since rehabilitation agency claims do not indicate a performing provider, we cannot determine if the service was performed by an OT or PT. Thus, we cannot automatically adjust the claims to add the appropriate modifier.

All claims submitted after receipt of this Wisconsin Medicaid Update *must* include modifiers.

No Other Providers Should Resubmit Claims

Independent physical therapists, independent occupational therapists, and therapy groups do *not* need to resubmit paid claims under the new coding structure.

Claims from these providers indicate a performing provider, so we can adjust the claims to add the "PT" or "OT" modifier. You will be notified of this action through your Remittance and Status Report.

All claims submitted after receipt of this Wisconsin Medicaid Update *must* include modifiers.